

# Adolescent Health Consent Form

Date: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_

Relationship to Adolescent: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Adolescent Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

## Consent for Sports Physical Examination

I, the undersigned, hereby give my consent for my child to participate in a sports physical examination. I understand that the purpose of this exam is to assess the general health and physical fitness of my child for participation in sports activities.

## Medical History

Please list any medical conditions, allergies or medications that the examiner should be aware of:

\_\_\_\_\_

## Signature

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: This consent form must be filled out completely before the examination can proceed.